2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

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DOCUMENT # 752097 1. Entity Name TAVARES HOMEOWNERS, INC.							-	06 003 ****61		
756 MARINA LANE 75		Mailing Address 756 MARINA LANE TAVARES, FL 32778-08	-					50007	874	
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			012620	006 Chg-NP	CI	R2E037 (11/05)		
City & State		City & State			4. FEI N 59-	4. FEI Number Applied For 59-1980287 Not Applied		•		
Zip	- Country	Zip	Count	ntry .		icate of Status De	sired [¢0.75.4-	ditional -	
	6. Name and Address of Current	Registered Agent			7. Name	and Address of	New Regist	ered Agent		
DUGGAN, ROBERT J				7. Name and Address of New Registered Agent Name						
	ST MAGNOLIA STREET SG, FL 34748		-		treet Address (P.O. Box Number is Not Acceptable)					
			-	City				FL Zip Cod	le	
								•		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
SIGNATURE		•	-							
SIGNATURE	Signature, typed or printed name of registered agent	and title if epplicable. (NOTE:	Registered A	Agent signature o	required when reinstati	ng)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	1						······································		
SIGNATURE		and title if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign Fin	nancing	\$5.00 A	May Be	Make	Check payable to Department of S		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Fin	nancing	\$5.00 Added to	fay Be Fees	Make Florida I	check payable t Department of S	tate	
	Signature, typed or printed name of registered agent	9. Election Cam Trust Fund Co	paign Fin	nancing on.	\$5.00 Added to	fay Be Fees	Make Florida I	check payable t	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND EVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Eaton

3/31/06

Daytime Phone #